Message

From: bounce-33742694-62701352@listserv.unc.edu [bounce-33742694-62701352@listserv.unc.edu]

on behalf of Occupational & Environmental Medicine for Clinicians & Public Health Professionals digest [occ-env-med-

[@listserv.unc.edu]

10/19/2013 4:17:59 AM Sent.

To: occ-env-med-l digest recipients [occ-env-med-l@listserv.unc.edu]

Subject: occ-env-med-l digest: October 18, 2013

OCC-ENV-MED-L Digest for Friday, October 18, 2013.

1. Senior Medical Officer Vacancy World Bank Group

2. This Is Your Brain on Toxins

OSA and CMV operators and Congress/President

Subject: Senior Medical Officer Vacancy World Bank Group From: "Clarence Lee Brown" <clbrown@worldbank.org>

Date: Fri, 18 Oct 2013 08:29:29 -0400

X-Message-Number: 1

The World Bank Group/ International Monetary Fund (WBG/IMF) Health Services Department (HSD) seeks applications for a local or internationally recruited Senior Medical Officer located in Washington DC. The Senior Medical Officer will supervise the daily operation of the HSD Clinic which has 17 staff to ensure that medical services are delivered to the WBG/IMF staff and as appropriate dependents. The mission of HSD is to serve the staff and management of the WBG and IMF by promoting good health and contributing to a healthy work environment. The incumbent will be located in Wasnington DC.

Please visit the www.worldbank.org external web site: for the full job description and selection criteria for this vacancy, qualified candidates are requested to visit and submit an electronic application at the World Bank Jobs website:www.worldbank.org/select resources-job seekers / current job openings scroll to job number # 132305

Subject: This Is Your Brain on Toxins From: "Paulson, Jerome" <JPaulson@childrensnational.org>

Date: Fri, 18 Oct 2013 18:58:53 +0000

X-Message-Number: 2

This may be of interest (Thanks to Phil Landrigan for the alert)

Op-Ed Columnist

This Is Your Brain on Toxins

By NICHOLAS D. KRISTOF Published: October 16, 2013

New York Times

http://www.nytimes.com/2013/10/17/opinion/kristof-this-is-your-brain-on-toxins.html?_r=1&

The comments are also very interesting

Jerry

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w. www.childrensnational.org/advocacyhttp://www.childrensnational.org/advocacy

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Subject: OSA and CMV operators and Congress/President

From: Natalie Hartenbaum <natah@comcast.net>

Date: Fri, 18 Oct 2013 15:16:55 -0400

X-Message-Number: 3

Rather than responding one to one, thought I would inform those that are not aware and give an explanation of the impact on examiners and carriers.

Without going into the background and how this bill was introduced in Congress or what the initial request contained, there was a bill introduced, approved by both houses of congress and signed by the President which mandated that "any new or revised requirement providing for the screening, testing, or treatment of individuals operating commercial motor vehicles for sleep disorders is adopted pursuant to a rulemaking proceeding".

This does not require that a regulation or standard be promulgated nor does it prohibit guidance, only that any REQUIREMENT be adopted through rule making.

Guidance issued by the FMCSA is not a requirement. The FMCSA had, however indicated in a response to a letter from ACOEM supporting the agency's plan to introduce guidance, that whether the agency pursues guidance or rulemaking, it will ensure that this is addressed through the notice and comment process.

What everyone needs to remember that at this point, the ONLY REQUIREMENT is that drivers meet the medical standard - "- has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely". All else, including what is in the Medical Examiner Handbook is guidance. the examiner should utilize current best practice in determining whether a driver is at high risk of having a medical condition which may "interfere with his/her ability to control and drive a commercial motor vehicle safely". Nothing in the bill changes that - examiners should use best current clinical judgment to evaluate a driver's fitness to drive, his risk of having or developing a medical conditions which may cause sudden or gradual incapacitation or impairment and obtain and review any appropriate diagnostic studies.

Most medications are not mentioned in the regulations but I would hope that no examiner would permit a driver on all the following; a long acting opioid, a short acting opioid, a muscle relaxant, an antidepressant, an anti anxiety medication, an anti-seizure medication (used for chronic pain) AND a sedating antihistamine to operate a commercial vehicle. Or what about the driver who has multiple abnormal findings suggestive of a psychiatric disorder - most examiners would require additional evaluation. This is no different - these examination should ONLY be performed by licensed health care providers who understand the pathophysiology of any potential medical condition that may arise, the impact of treatment and risk that condition or treatment may have in safe operation of the CMV. We are given the regulations/standards as a requirement (but even for those the driver can apply for an exemption) and guidance to assist in making that certification determination but must use best current clinical judgement.

So, this bill does not REQUIRE examiners and carriers to do NOTHING if a driver if thought to be at high risk of having OSA to an extent that may make him unsafe to driver. In essence, all this bill is likely to do is further delay the MUCH needed direction from the FMCSA so we can all have the same starting point and then use best clinical judgement in making the final determination

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END OF DIGEST

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This is the free Discussion Forum for Clinical & Public Health professionals in Occupational & Environmental Medicine (exposure-related human disease).

Originated at Duke University in 1993, it now is centered at Univ. N. Carolina School of Public Health, where it is still managed by Gary Greenberg, \mbox{MD}

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